

STATE OF MARYLAND
DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION
311 WEST SARATOGA STREET, BALTIMORE, MARYLAND
CLAIM FOR REIMBURSEMENT
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM-FARMERS MARKET
FEDERAL FISCAL YEAR 2013

NAME AND ADDRESS
OF FARMERS MARKET:

Federal I.D. Number: _____

DESCRIPTION OF CLAIM FOR WHICH REIMBURSEMENT IS REQUESTED:

NAME OF VENDOR

SERVICE PROVIDED

Wireless Point-of-Sale Equipment

Installation

Wireless Access Service

INVOICE MUST BE ATTACHED WHEN CLAIM IS SUBMITTED

TOTAL EXPENDITURE

It is hereby certified that costs less than or equal to the amount of this claim have been incurred for the purchase of equipment, supplies, and services and are not claimed under any other funds made available through the State of Maryland. The claimant certifies that records to support these expenditures for allowable costs as identified by program circulars will be maintained for three years after the close of the current fiscal year.

AUTHORIZED SIGNATURE:

Name (Printed and Signed)

AMOUNT OF REIMBURSEMENT REQUESTED

FOR FIA USE ONLY- AUTHORIZED BY (2

FIA BUDGET ANALYST

PURCHASE ORDER NUMBER

EXPENDITURE APPROVED \$ _____

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/LAND 21201

ARKET-WIRELESS EQUIPMENT

Wireless Point-of-Sale Equipment, Installation
& Wireless Access Service (___ months)

AMOUNT

RE: \$

to provide the specified equipment and
id or a Federal agency. It is further
regulations and Federal management

Title

Date

\$

SIGNATURES REQUIRED)

FIA PROGRAM ADMINISTRATOR/DATE

APPROVAL DATE